

25th ANNUAL VIRGINIA C. PHILLIPS COMMUNITY AND HOME HEALTH DAY
PRESENTER INFORMATION FORM

Complete this form (Parts I and II), Biographical Data Form(s) and Documentation Form. Send 10 copies of all forms, including your presentation summary by May 21, 2004, to:

*Virginia C. Phillips Planning Committee
SCDHEC - Office of Public Health Nursing
Mills/Jarrett Complex, Box 101106
Columbia, South Carolina 29211*

(PLEASE TYPE OR PRINT)

PART I

1. NAME/TITLE: (of person submitting abstract) _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

2. NAMES/TITLES OF **ALL** PRESENTERS (as will appear in program): _____

3. Complete the enclosed Biographical Data Form for **each** presenter:

4. If you can supply your own AV equipment, please list the items you will bring: _____

LAPTOPS AND LCD PROJECTORS ARE NOT PROVIDED

Check audiovisual and other equipment that will be needed for your presentation:

____ TV/VCR (\$150.00 Rental Fee)

____ FLIP CHART/EASEL (\$35.00 Rental Fee)

____ SLIDE PROJECTOR/SCREEN (\$75.00)

____ OVERHEAD PROJECTOR/SCREEN (\$75.00)

NOTE: The committee covers the rental fee for the equipment listed above. Please mark **only** the items you plan to use. **If you plan to use any equipment that is not listed above, you will need to bring your own.**

COMPLETE YOUR PRESENTATION SUMMARY AND
OTHER REQUIRED INFORMATION ON PART II.

PRESENTATION ABSTRACT
(PLEASE TYPE OR PRINT)

PART II

Provide a one-paragraph summary of your presentation:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.